PTO/SB/01 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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	Attorney Docket Number	P05842					
	First Named Inventor	Sergei Drizlikh					
	COMPLETE	IF KNOWN					
	Application Number	/					
	Filing Date						
ı	Group Art Unit						
	Examiner Name						

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) Declaration ☐ Declaration Submitted after Initia Submitted OR Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing required)

A											
As a below named inventor, I hereby declare that:											
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
SYSTEM AND METHOD FOR MINIMIZING INCREASES VIA RESISTANCE BY APPLYING A NITROGEN PLASMA AFTER A TITANIUM LINER DEPOSITION											
the specification of which (Title of the Invention) is attached hereto											
I — ····	OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number	and wa	as amended on (MM/DD/Y	YYY)	(if applicable).							
I hereby state that I have re-	viewed and understand the	contents of the above ident	, 								
amended by any amendmen											
I acknowledge the duty to di	sclose information which is i	material to patentability as	defined in 37 CF	'R 1.56.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO							
Additional foreign applicat	☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
Application Number(9) Filing Date	e (MM/DD/YYYY)	numbe supple	onal provisional application ers are listed on a emental priority data sheet SB/02B attached hereto.							

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number						Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)				
		PCT Internationa											
As a named inver	ntor, I h	ereby appoint ti	ne follow	ing regi	stered p	ractitioner(s) to prosec	ute th	nis applicatio	n and to trans	act all business	in the Paten	
and Trademark O	лисе сс	nnected therew	ntn:	Custor OR	ner Num	ber				→	Place Cust Number Bai		
			X		ered pra	ctitioner(s)	name/regis	tratio	n number lis	ted below	Label he		
	Nam				Regis	tration nber			Nam		Registration Number		
Andrew						3,552			William A	Munck	39	9,308	
John L. Christoph				1		1,668 2,204		John T. Mockler			39,775		
Eugene C		-		1		9,149			Coleman		38,593		
Peter Y						0,452			Allen R.		40,207		
Additional reg	gistered	d practitioner(s)	named o	on supp	lementa	Registered	Practitione	er Info	ormation she	et PTO/SB/02	C attached her	eto.	
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Name of Solo	e or F	irst Invento	r:		_		A pet	tition	has been	filed for this	unsigned inve	ntor	
Give	en Nar	ne (first and m	niddle [i	f anyl)			Family Name or Surname						
Serg	ei						Dri	zlik					
Inventor's Signature										Date	4/7/04		
Residence: City Scarborough		gh	State ME			Count	ry	USA		Citizenship	Israel		
Post Office Address 10 Sequoia Lane													
Post Office Add	iress												
City Scarboroug State ME ZIP 04074								Country	USA				
Additional in	vento	rs are being n	amed o	n the	X SH	nnlements	1 Addition	al In	ventor(s) s	heet/e\ DTO	ISBINOA neno	had barata	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>L</u> of <u>I</u>

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								entor/					
Given Name (first and middle [if any])							Family Name or Sumame						
Thomas John	Francis												
inventor's Signature	Thomast	ar	w.	•							4-7-04		
Residence: City	South Portland	s	tate	ME		Country	USA		Citizens	J qida	JS		
Post Office Address	42 Massachusetts Avenue												
Post Office Address													
City	South Portland	s	tate	ME		ZIP	04106	Country	USA	.			
Name of Addition	nal Joint Inventor, if an	ıy:				A petiti	on has been file	d for th	is unsig	ned inv	/entor		
Given Na	me (first and middle [if any])			Family Name or Sumame								
Inventor's Signature					Date								
Residence: City		s	tate			Country			Citize	nship			
Post Office Address													
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Given Na	me (first and middle [if any])			Family Name or Surname								
Inventor's Signature							Date						
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